24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	FOR SE OF FORM 24/48
IAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	
	C C00530766
Check if 24-hour report 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
Amanda Boley	M M / D D / Y Y Y Y Y
Mailing Address Split Oak Drive	11 16 2014 Amount
City State Zip Code charlotte NC 28227	47.50 Transaction ID : 869b051e-6e25-4616-b
	Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	11 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	e Sought: House District: 00
Ms. Mary L Landrieu Oppose	President State: LA
Calendar Year-To-Date Per Election for Office Sought Disbut 280895.88 Disbut 2014	ursement For: Primary ⊠ General Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Amanda Boley	11 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address Split Oak Drive	Amount
	Amount
City State Zip Code	14.22
charlotte NC 28227	Transaction ID: 31245d6b-a264-438e-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	11 16 / Y Y Y Y Y
Name of Federal Candidate Support Office	e Sought: House District: 00
Ms. Mary L Landrieu Oppose	President State: LA
2014	ursement For: Primary X General
Per Election for Office Sought 280895.88 2014	Other (specify) -
(a) SUBTOTAL of Itemized Independent Expenditures	61.72
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

Schedule E)	TI EXI END	TOTILO		PAGE 2 OF 12 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed on	M / D = D / Y = Y = Y
Full Name of Payee Patricia F Arnold				Public Distribution/Dissemination
Mailing Address 1117 Clipper Dr			1	1 16 2014
City Slidell	State LA	Zip Code 70458		27.00 ction ID : b94d1de8-f7ee-4596-8 Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	М	11 16 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	Presider	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , , ,	280895.88	Disbursement 2014 Oth	For: Primary X General Der (specify) ►
Full Name of Payee Patricia F Arnold	_		M	Public Distribution/Dissemination
Mailing Address 1117 Clipper Dr			Amoun	11 16 2014 t
City	State	Zip Code		5.85
Slidell	LA	70458		tion ID: 69c377ea-0b12-4bc4-8 Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		1 16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	Presider	
Calendar Year-To-Date Per Election for Office Sought	7	280895.88	Disbursement 2014 Oth	For:
(a) SUBTOTAL of Itemized Independent Expenditu	res			32.85
(b) SUBTOTAL of Unitemized Independent Expendent	litures			
(c) TOTAL Independent Expenditures				7 7 7
·				7 7 7
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candic party committee) any political party committee or its	late or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 /	17 2014
Olynature				

Schedule E)	IN EXIEND	THORIES		PAGE 3 OF 12 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC I	DENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report 48-hour report	X New rep	ort Amends repo	rt filed on	/ D D / Y Y Y Y Y
Full Name of Payee			Date of Publ	ic Distribution/Dissemination
Gregory Green			11 11	16 / 2014
Mailing Address 2506 Bolch Street			Amount	
City	State	Zip Code		80.00
Shreveport	LA	71104		ID: e958cd67-2b8c-436a-b ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11	16 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	;	280895.88	Disbursement For: 2014 Other (s	Primary
Full Name of Payee			Date of Publ	ic Distribution/Dissemination
Gregory Green			11 11	16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2506 Bolch Street			Amount	
City	State	Zip Code		35.10
Shreveport	LA	71104		D: 5be7cb91-98f5-4054-8 oursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11	16 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	280895.88	Disbursement For: 2014 Other (s	Primary X General pecify) ▶
(a) SUBTOTAL of Itemized Independent Expendi	tures			115.10
			-	7
(b) SUBTOTAL of Unitemized Independent Exper	nditures		· •	42
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independent, or at the request or suggestion of, any canon party committee) any political party committee or	lidate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	11 / 17	2014

Schedule E)	THEFORT OF INDEFEND	ENT EXILIB	ITOTILO		PAGE 4 OF 12 FOR SE OF FORM 24/48
	IMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
women Sp	oeak Out PAC				C C00530766
Check if X 24	l-hour report 48-hour report	New rep	ort Amends repo		N = M / D = D / Y = Y = Y = Y
Full Name of				Date	of Public Distribution/Dissemination
	Fuhrmann				11 16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Add	ress 9425 Jessica Drive			Amou	ınt
City		State	Zip Code	$-\Gamma$	62.50
Shreveport		LA	71106		saction ID: 4e3cedab-6f4f-4b93-a of Disbursement or Obligation
Purpose of Salary	Expenditure		Category/ Type 001		11 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Fe	deral Candidate		Support	Office Sough	nt: House District: 00
Ms. Mary L	Landrieu		X Oppose	Presid	
	ar Year-To-Date ection for Office Sought	2	280895.88	Disbursemer 2014	nt For: Primary X General Other (specify) ▶
Full Name				Date	of Public Distribution/Dissemination
Gary W	Fuhrmann				11 16 2014
Mailing Add	ress 9425 Jessica Drive			Amou	unt
City		State	Zip Code	—Г	8.40
Shreveport		LA	71106		action ID: 1c83bbb0-1339-413e-9 of Disbursement or Obligation
Purpose of Mileage	Expenditure		Category/ Type 002		11 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Fe	ederal Candidate		Support	Office Sough	ht: House District: 00
Ms. Mary L	Landrieu		X Oppose	Presid	lent Senate State: LA
	lar Year-To-Date ection for Office Sought		280895.88	Disbursemen 2014	nt For: Primary
(a) SUBTOT	AL of Itemized Independent Expend	ditures			70.90
					7- 77-
(b) SUBTOT	AL of Unitemized Independent Exp	enditures		· •	7 7 7
(c) TOTAL In	ndependent Expenditures			•	4 4 4
with, or at the		ndidate or authorized			cooperation, consultation, or concert the reporting entity is not a political
Signature	Ms. Emily Buchanan	[Electron	ically Filed] Date	11	17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature					

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
	5
Check if X 24-hour report 48-hour report New report Amends report file	ed on Man / Dad / Yayayay
Full Name of Payee Cynthia N Schmit	Date of Public Distribution/Dissemination
	11 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2226 Taft Circle Apt 1	Amount
City State Zip Code	20.00
Winchester VA 22601	Transaction ID : 2d2447e0-7814-4766-a Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	11 16 2014
Name of Federal Candidate Support Offi	ce Sought: House District: 00
Ms. Mary L Landrieu Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought Disl 280895.88	bursement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
Zachary Vidrine	11 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 202 Rue Des Cajun	Amount
City State Zip Code	20.00
Ville Platte LA 70586	Transaction ID: 674cd461-2f6a-4d6a-b Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	M 11 / 16 / Y Y Y Y Y
Name of Federal Candidate Support Offi	ce Sought: House District: 00
Ms. Mary L Landrieu Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought Dis 280895.88	bursement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	40.00
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not r with, or at the request or suggestion of, any candidate or authorized committee or agent of eith party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	11 17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Organizatio	

Schedule E)	INI EXPEND	ITORLS		PAGE 6 OF 12 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo		M / D = D / Y = Y = Y
Full Name of Payee Zachary Vidrine			M	f Public Distribution/Dissemination
Mailing Address 202 Rue Des Cajun			Amour	11 16 2014 at
City	State	Zip Code		14.10
Ville Platte	LA	70586		action ID: 749fc0fb-1444-4ad3-8 f Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M	11 16 / 2014
Name of Federal Candidate		Support	Office Sought	: House District:00
Ms. Mary L Landrieu		X Oppose	Preside	nt Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	:	280895.88	Disbursement 2014 Ot	For: Primary X General her (specify) ▶
Full Name of Payee			Date of	of Public Distribution/Dissemination
Lilly Green			М	11 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 205 Medallion Circle			Amour	nt
City	State	Zip Code		80.00
Shreveport	LA	71119		ction ID : 28b3be3b-2981-467d-b of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		11 16 / 2014
Name of Federal Candidate		Support	Office Sough	t: House District:00
Ms. Mary L Landrieu		Oppose	Preside	ent Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	280895.88	Disbursement 2014 Of	t For: Primary X General ther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	ures			94.10
(b) SUBTOTAL of Unitemized Independent Expen	ditures			
				4 4
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or it	date or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	M M /	17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
•				

Schedule E)	INT EXICID	HONES		PAGE 7 OF 12 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New rep	oort Amends repo	rt filed on /	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Lilly Green			11 /	16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 205 Medallion Circle			Amount	
City	State	Zip Code		57.00
Shreveport	LA	71119		D: c649096c-65bb-493b-9 rsement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11 /	16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President >	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	· · · · · ·	280895.88	Disbursement For: 2014 Other (specific	Primary X General ecify) ▶
Full Name of Payee			Date of Public	Distribution/Dissemination
ERIC TABARY			11 /	16 / 2014
Mailing Address 6101 NORA ST			Amount	
City	State	Zip Code		40.00
METAIRIE	LA	70003		: 85affbbd-b528-41fd-9 rsement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11 /	16 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President >	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , ,	280895.88	Disbursement For: 2014 Other (sp	Primary X General
(a) SUBTOTAL of Itemized Independent Expendit	ures			97.00
			7	4
(b) SUBTOTAL of Unitemized Independent Exper	ditures		>	
(c) TOTAL Independent Expenditures)	7 1 2
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any cand party committee) any political party committee or	idate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	11 17	2014
U **** *				

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)			TOTILO		PAGE 8 OF 12 FOR SE OF FORM 24/48
NAME OF COMMI	,				FEC IDENTIFICATION NUMBER ▼
Women Spe	ak Out PAC				C C00530766
Check if X 24-h	our report 48-hour r	eport New repo	ort Amends repo	ort filed on	M / D D / Y Y Y Y Y
Full Name of F					of Public Distribution/Dissemination
Mailing Addres	s 6101 NORA ST			Amou	11 16 2014
				Amoul	
City			Zip Code		1.50
METAIRIE		LA	70003		action ID: c30b9bde-912d-414a-9 of Disbursement or Obligation
Purpose of Ex Mileage	penditure		Category/ Type 002	М	11 16 / 2014
Name of Fede	ral Candidate		Support	Office Sough	t: House District: 00
Ms. Mary L La	ndrieu		Oppose	Preside	ent State: LA
	Year-To-Date on for Office Sought	2	80895.88	Disbursemen 2014	t For: Primary X General
Full Name of					of Public Distribution/Dissemination
Theresa a	a Youngblood			M	11 16 2014
Mailing Addres	SS 102 S Main Street Apt	A2			11 16 2014
	·			Amou	nt
City		State	Zip Code		80.00
Berryville		VA	22611		ction ID: 186b45e3-a29e-4240-8 of Disbursement or Obligation
Purpose of Ex Salary	penditure		Category/ Type 001	M	11 16 2014
Name of Fede	ral Candidate		Support	Office Sough	t: House District:00
Ms. Mary L La	ndrieu		Oppose	Preside	ent Senate State: LA
	Year-To-Date on for Office Sought		280895.88	Disbursemen 2014 O	t For: Primary X General ther (specify) ▶
(a) SUBTOTAL	of Itemized Independent E	Expenditures		•	81.50
(b) SUBTOTAL	of Unitemized Independen	t Expenditures		•	711717
(c) TOTAL Inde	pendent Expenditures			•	
with, or at the r		ny candidate or authorized			ooperation, consultation, or concert the reporting entity is not a political
	. Emily Buchanan	[Electroni	cally Filed] Date	M M /	17 2014
Signature					

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Scl	hedule E)	EXI ENDI	TOTILO		PAGE 9 OF 12 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
W	omen Speak Out PAC				C C00530766
 Che	eck if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	
Т	Full Name of Payee			Date -	of Public Distribution/Dissemination
	Colton R Övercash				11 16 2014
Ì	Mailing Address 121 Ohara Dr			Amou	ınt
1	City	State	Zip Code	-	92.00
	Salisbury	NC	28147		saction ID : 39e0ee57-99a4-4c6f-b of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		11 16 2014
t	Name of Federal Candidate		Support	Office Sough	nt: House District: 00
	Ms. Mary L Landrieu		Oppose	Preside	
	Calendar Year-To-Date Per Election for Office Sought	2	280895.88	Disbursemen 2014 O	nt For: Primary General Other (specify) ▶
ſ	Full Name of Payee			Date	of Public Distribution/Dissemination
	Colton R Overcash				M M / D D / Y Y Y Y Y
-	Mailing Address 121 Ohara Dr			— L	11 16 2014
	121 Ollala Di			Amou	unt
ľ	City	State	Zip Code		44.40
	Salisbury	NC	28147	Transa Date	action ID: 65e9bfd1-2281-4a4a-a of Disbursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 002		11 16 2014
Ī	Name of Federal Candidate		Support	Office Sough	nt: House District: 00
	Ms. Mary L Landrieu		X Oppose	Preside	
	Calendar Year-To-Date Per Election for Office Sought	,	280895.88	Disbursemer 2014 C	nt For:
(;	(a) SUBTOTAL of Itemized Independent Expenditures	;		· •	136.40
(1	(b) SUBTOTAL of Unitemized Independent Expenditu	ires		· •	1 4 1 1 4 1 4 1
(0	(c) TOTAL Independent Expenditures			•	
W	Under penalty of perjury I certify that the independent vith, or at the request or suggestion of, any candidate party committee) any political party committee or its a	te or authorized			
	Ms. Emily Buchanan	[Electron	nically Filed] Date	M M /	17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature		_		

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report 48-hour report	New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee Christine Stevens	D	Pate of Public Distribution/Dissemination
		11 16 2014
Mailing Address 100 Asbury Ct	A	mount
City	ate Zip Code	30.00
Winchester V		ransaction ID : 395e42b8-b82a-4844-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	11 / 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office S	ought: House District: 00
Ms. Mary L Landrieu		resident State: LA
Calendar Year-To-Date Per Election for Office Sought	280895.88 Disburse 2014	ement For:
Full Name of Payee Jazmine d Conner		Date of Public Distribution/Dissemination
Mailing Address 100 ASBURY CT	A	11 16 2014 Amount
City	ate Zip Code	30.00
WINCHESTER		ansaction ID: e8e87311-888b-4d4d-a Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	11 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office S	ought: House District: 00
Ms. Mary L Landrieu	Oppose Pr	resident State: LA
Calendar Year-To-Date Per Election for Office Sought	280895.88 Disburse 2014	ement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures		60.00
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent e with, or at the request or suggestion of, any candidate o party committee) any political party committee or its ager	r authorized committee or agent of either, o	
Ms. Emily Buchanan	[Electronically Filed] Date 11	17 2014
Signature		

PAGE

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OF

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)		1101120		PAGE 11 OF 12 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New rep	port Amends repo	ort filed on	/ D = D / Y = Y = Y
	N How 196	/unondo repo	TT IIIOG SIT	
Full Name of Payee Jon E Conner			Date of Pul	blic Distribution/Dissemination
Mailing Address 100 Asbury Ct			Amount	
City	State	Zip Code		30.00
Winchester	VA	22602		n ID: a15fadaf-45f2-4457-9 sbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 11	16 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		280895.88	Disbursement For: 2014 Other (: Primary
Full Name of Payee Rodney O Culbreath			Date of Pu	blic Distribution/Dissemination
Mailing Address 100 Asbury Ct			Amount	16 2014
City Winchester	State VA	Zip Code 22602		30.00 n ID : 59ebe019-60fa-4715-b
Purpose of Expenditure Salary		Category/ Type 001	Date of Dis	sbursement or Obligation 16 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		280895.88	Disbursement For 2014 Other	: Primary X General (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendi	tures		•	60.00
(b) SUBTOTAL of Unitemized Independent Exper	nditures		. •	
(c) TOTAL Independent Expenditures			·	7 7 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any cancer party committee) any political party committee or	didate or authorized			
Ms. Emily Buchanan	[Electroi	nically Filed] Date	11 17	
Signature		_		

Schedule E)	LIVI EXI END	HONES	PAGE 12 OF 12 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee Rodney D Culbreth			Date of Public Distribution/Dissemination
Mailing Address 100 Asbury CT			11 16 2014
3200 Dam Neck Rd			Amount
City	State	Zip Code	30.00
Winchester	VA	22602	Transaction ID : b251fb22-2dcc-4e4d-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11 16 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		280895.88	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Rze Culbreath			11 16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 100 Asbury Ct			Amount
City	State	Zip Code	30.00
Winchester	VA	22602	Transaction ID : dcdb678b-470a-4418-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11 16 / Y 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		280895.88	Disbursement For: Primary General
(a) SUBTOTAL of Itemized Independent Expen	ditures		60.00
(I) OUDTOTAL (III II I	P.		
(b) SUBTOTAL of Unitermized Independent Exp	enditures		•
(c) TOTAL Independent Expenditures			909.57
	ndidate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	11 17 2014
Signature			